

Seeds Orthopaedics

Orthopaedics and Sports Medicine

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www.DRSEEDS.com
www.allaboutarthritis.com
www.jointreplacement.com

DISCHARGE INSTRUCTIONS FOR TOTAL SHOULDER REPLACEMENT

Stitches: Your staples are removed 10 days after surgery. If you are discharged before the staples are removed, you will need to call the office when you are discharged to make an appointment for removal of the staples. (If you are receiving home health, the home health nurse can take the staples out.)

Dressing: Once the staples are removed, you do not need a dressing over the healing incision. If you are discharged before the staples are removed, the incision must be cleansed every day with betadine and a new dressing applied with a sterile gauze pad. Paper tape is the least irritating to the skin.

Bathing: You may shower after the staples have been removed. The steri strips are to be left in place. They will curl up and come off on their own. Any steri strips left on the skin after 1 week may be removed.

Activity: You have no restrictions to walking, climbing stairs, or riding in a car. You may use the () left () right hand for holding light objects. You are not to hold heavy items, push, pull, or twist items with this hand. We encourage you to move the wrist and fingers frequently.

Medication:

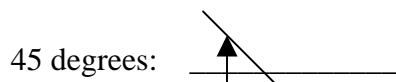
- 1) Pain Medication: You will receive a prescription for pain medication. Take the medication, as directed, as needed for pain. As you recover from surgery, your need for pain medication will decrease. Contact your doctor for refills of your pain medication.
- 2) Iron supplements: Unless directed otherwise, you may take one multivitamin with iron every day.
- 3) Aspirin: Take one Ecotrin 325 mg tablet every day. If you use a store brand of aspirin, be sure that it is enteric coated to prevent stomach upset. Take the Aspirin for 3 months after surgery.

Support Stockings: Please wear the support hose daily for 6 weeks. They may be removed at night while you sleep. Rinse them out at bedtime and hang to dry overnight. Be sure to put them back on first thing in the morning. These are worn for prevention of blood clots in the legs. Notify your doctor or go to the Emergency Room if your leg becomes swollen and you have pain in your calf or behind your knee.

Physical Therapy: You will have therapy 3 times a week for the first 6 weeks following your discharge from the hospital/rehabilitation facility. Your therapist will instruct you on exercises to be done on the other days. It is important to do your exercises every day.
How soon you can drive depends on your particular surgery and your progress in therapy. Your therapist or doctor can advise you when you are ready to be driving.

Ice Packs: Use the ice packs for 20 to 30 minutes 2 to 3 times a day as needed for comfort. The ice pack should be applied to the shoulder after therapy or exercises.

Positioning: You will be most comfortable for a while sleeping at a 45 degree elevation.



Sling: Wear your sling at all times. If you are sitting in a chair resting, you may remove your sling and straighten your arm at the elbow. Do not move or raise the arm at the shoulder. Your shoulder can dislocate more readily before the tissues heal in the shoulder. Your therapist will show you the exercises that can be done safely.

Appointment: You should already have your appointment for follow up at 6 weeks with Dr. Seeds. If not, please call the office as soon as possible after your release from the hospital/rehabilitation facility to make this appointment.

Precautions: Early postoperative problems can be seen by an increase in pain not relieved by the pain medication, a temperature above 101 degrees, bleeding or progressive swelling, or numbness.
CALL THE OFFICE OR GO TO THE EMERGENCY ROOM IF ANY OF THE ABOVE SYMPTOMS OCCUR.

If you have any questions or problems, please call Dr. Seeds' office. The office is open Monday through Friday from 8:00 AM to 5:00 PM and can be reached at (440) 997-5427.

() I have reviewed and received the discharge instructions sheets for total shoulder replacement.

Date: _____ Patient's Signature: _____

Nurses's Signature: _____